PROFESSIONAL GROWTH PLAN AND RECORD

Commission on Teacher Credentialing State of California

For Information (916) 445-7254 12:30 to 4:30 p.m.

Directions. Before you begin to fill out this form, please read the Plan and Record instructions and the **Professional Growth Manual** and make enough copies of this form to include all of the goals, activities, and amendments that you plan and complete. When you have completed the Professional Growth Requirements and are ready to renew your Professional Clear Credential, submit this form, a credential application form (yellow), and the renewal fee.

(1)	Name of Credential Holder							
		Last	First	Middle				
(2)	Home Address							
` ,		Number	Street	Apt. No.				
	-	City	State	Zip Code				
(3)	Daytime Phone # ()		(4) Social Security #					
(5)	Name Each							
(5)	Credential You hold			Expiration Date				
	You note			Expiration Date				
				Expiration Date				
				Expiration Date				
(6)	Name Each Professional Growth Advisor who has advised you.							
	First Advisor		Approximate Dates of Service					
	Credential Held		Credential #					
			Associated Detect of Ormite					
	Second Advisor		Approximate Dates of Service					
			Approximate Dates of Service Credential #					
	Credential Held		• •					

(7) GOAL NUMBERS	PROFESSIONAL GROWTH GOALS	(9) DATE APPROVED	(10) ADVISOR'S INITIALS

				APPROV PLANI ACTIVI	NED	OF C	FICATION OMPLETED FIVITIES
(11) PROFESSIONAL GROWTH ACTIVITIES	(12) Goals Numbers	(13) Domain	(14) Category (two minimum)	(15) Date Activity Approved	(16) Adv's Initials	(17) Time Spent in Hours	(18) Advisor's Initials and Date
USE ADDITIONAL COPIES OF TH	IS FORM	 F NECES	SARY	(19) TOTA	L HOURS	SPENT	<u> </u>
(20) Certification of Initial Plan. I certify that, to the best of my knowledge, the planned activities comply with state laws and regulations. Advisor's Name (Print of Type)		(21) Verification by Credential Ho Under penalty of perjury, I cer best of my knowledge, the infe form is accurate.		ertify that, to the	(22) Verification of Completion. I certify that I have been this credential holder's advisor, and that, to the best of my knowledge, the above information is accurate		
		Credential Holder's Signature			Advisor's Name (Print or Type)		
Advisor's Signature	 	Date of Verification			Advisor's Signature Name of Employing Agency Workday Telephone Number		
Date of Approval	 						
						Date of Ver	ification

APPROVAL OF

VERIFICATION